

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NK	989	2/19/61 3/7/61
RESPONSE FORMALITY REVIEW	M.H	WY	03/10/61

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	1/1/61
2	
3	0
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	0
11	0
12	0
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	0
26	0
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	1/1/61
Original	1/1/61
51	0
52	0
53	0
54	0
55	✓
56	✓
57	✓
58	✓
59	✓
60	0
61	0
62	0
63	0
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
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73	✓
74	✓
75	✓
76	✓
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Claim	Date
Final	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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